

ARIZONA DEPARTMENT OF PUBLIC SAFETY

APPLICANT FINGERPRINT CLEARANCE CARD APPLICATION

P. O. BOX 18390 + PHOENIX, ARIZONA 85005-8390 + (602) 223-2279

2 SOCIAL SECURITY NUMBER:	DAY OTHER DESCRIPTION OF THE PROPERTY OF THE P	
, "	3 DAYTIME PHONE NUMBER: (INCLUDE A	REA CODE) 4 EXT:
5 DATE OF BIRTH: year 6 RACE: Asian/Pac		nic (H) American Indian or Alaskan Native (i
	\—	(Blu) Green (Grn) Hazel (Haz)
Female Male Brown (Bro) Blonde (n (Bro)
Black (Blk) Gray (Gry) Red or A	ubum (Red) Baid (XXX)	
13 MAILING ADDRESS: (FULL STREET ADDRESS INCLUD	NING APT. NO. OR P.O. BOX NO.)	
(CITY)	(STATE)	(ZIP + 4)
PHYSICAL ADDRESS: IF DIFFERENT THAN MAILIN	G ADDRESS (FULL STREET ADDRESS INCLUDE	NG APT. NO. OR P.O. BOX NO.)
(CITY)	(STATE)	(ZIP + 4)
NAME OF EMPLOYER OR SPONSOR: (N/A FOR TEACH CEI	RTIFICATION & STUDENT SERVICES PROGRAM) 16	MPLOYER PHONE NUMBER: (INCLUDE AREA CODE)
FULL STREET ADDRESS INCLUDING APT. NO. OR P.O. BO	X NO.) (CITY)	(STATE) (ZIP + 4)
SIGNATURE OF APPLICANT: (I authorize custodians of repartment of Public Safety for the purpose of processing	records to release such information to the Arizon	18 DATE:
repartment of Public Salety for the purpose of processing	g my application for a ringerprint Clearance Card.	'
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(NO PERSONAL CHECKS OR CASH)		
Applicant will be a volunteer working with ch	nildren, the elderly, or individuals with dis	abilities. (Total Fee is \$38.00)
All other. (Including Teacher Certification) (Total Fee is \$44.00)	
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I AM APPLYING FOR THE FOLLOWING: (C)	HECK ALL THAT APPLY)	· · · · · · · · · · · · · · · · · · ·
·	ams Work with Pers	ons Who Have Developmental
·	Work with Personal Disabilities	
Nork in Child Day Care / Child Nutrition Progra	Work with Personal Disabilities 46-141) Dept. of Eco	nomic Security (ARS 36-59401)
Nork in Child Day Care / Child Nutrition Program Dept. of Economic Security (ARS 41-1964 & Dept. of Education (ARS 46-321)	Work with Personal Disabilities 46-141) Dept. of Eco Work with Dome	nomic Security (ARS 36-59401) estic Violence / Homeless Shelters
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Vork in Child Day Care / Child Nutrition Program Dept. of Economic Security (ARS 41-1964 & Dept. of Education (ARS 46-321) Dept. of Health Services (ARS 36-897.01 & 3 Dept. of Health Services (ARS 36-883.02 & 36	Work with Person Disabilities 46-141) Dept. of Economic Work with Dome Dept. of Economic Person Disabilities Dept. of Economic Person Disabilities Work with Person Disabilities Dept. of Economic Person Disabilities	nomic Security (ARS 36-59401) estic Violence / Homeless Shelters nomic Security (ARS 36-3008 & 46-141) ursing Care Institutions; Home
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Distribution:

White Copy: To be submitted with completed fingerprint card and fee.

Yellow Copy: To be submitted to employer or sponsor.

Pink Copy: To be retained by applicant. NOTE: APPLICATION NUMBER is required in order to make inquiries on status.